STATEMENT FOR THE RECORD

OF

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

BEFORE THE

SUBCOMMITTEE ON COMMUNICATIONS AND TECHNOLOGY OF THE HOUSE COMMITTEE ON ENERGY AND COMMERCE

REGARDING THE HEARING

STRENGTHENING OUR COMMUNICATIONS NETWORKS TO MEET THE NEEDS OF CONSUMERS

OCTOBER 6, 2021

Chairman Doyle, Ranking Member Latta, and Members of the Subcommittee on Communications and Technology, thank you for the opportunity to submit this statement for the Subcommittee's record of its hearing entitled "Strengthening our Communications Networks to Meet the Needs of Consumers." In particular, the American College of Obstetricians and Gynecologists (ACOG) is pleased to express our strong support for H.R. 1218, the bipartisan Data Mapping to Save Moms' Lives Act, sponsored by Representatives G.K. Butterfield (D-NC), Gus Bilirakis (R-FL), and Lisa Blunt Rochester (D-DE).

ACOG is the nation's leading group of physicians providing health care for women. With more than 62,000 members, ACOG advocates for quality health care, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. Confronting our nation's rising maternal mortality rate, which disproportionately impacts Black and Indigenous individuals, is a paramount priority for ACOG. We are grateful for the Committee's partnership in this commitment.

This statement for the record seeks to illustrate the current maternal mortality crisis, which has been exacerbated by the COVID-19 pandemic, and the unique access challenges faced by those living in rural communities. As the Subcommittee considers legislation to meet the communications needs of consumers, we urge strong consideration of the role of communication networks – especially broadband – to improve access to maternity care.

The Maternal Mortality Crisis in the United States

The United States is the only industrialized nation with a maternal mortality rate that is on the rise.[i] According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year.[ii] It is estimated that more than half of these deaths are preventable.[iii] Especially concerning are the stark racial inequities in maternal mortality: Black women and Indigenous women are 3.3 and 2.5 times more likely, respectively, to die from pregnancy-related causes than non-Hispanic white women.[iv] Of the pregnancy-related deaths that occur in the U.S. each year, an estimated one-third occur one week to one year after a pregnancy ends.[v] For every maternal death in the U.S., there are approximately 100 individuals who experience severe maternal morbidity, or a "near miss."[vi]

Maternal health experts warn that the COVID-19 pandemic is exacerbating the maternal mortality crisis. According to the CDC, pregnant people are at an increased risk for severe illness and death from COVID-19 when compared to non-pregnant people and may be more likely to require hospitalization, intensive care, and ventilation.[vii] The CDC also reports that Black individuals have died and required hospitalization due to COVID-19 at almost 2 and 3 times the rates, respectively, of non-Hispanic white individuals.[viii] While additional data is needed to determine the full impacts of the COVID-19 pandemic on Black maternal mortality and morbidity, it is clear that the pandemic has disproportionately caused negative outcomes for communities of color. It is critical that continued emphasis is placed on mitigating the impacts of the COVID-19 pandemic on the maternal mortality crisis and existing inequities in outcomes.

Limited Access to Obstetric Care in Rural Areas

Access to obstetric care in rural communities is declining. Between 2004 and 2014, approximately 179 rural counties lost hospital-based obstetric services, resulting in a 9 percent increase from 45 percent to 54 percent of rural counties without hospital-based obstetric services.[ix] Additionally, more than half of rural women live more than a 30-minute drive to the nearest hospital offering perinatal services.[x] These conditions are associated with increased numbers of out-of-hospital births, births in hospitals without an

obstetric unit, and preterm births as well as higher rates of delayed prenatal care, pregnancy-related hospitalizations, low birth weight, preterm birth, and infant mortality.[xi] In some rural areas, family physicians provide all available obstetric care, but data show that even this type of access is declining, with only 19.2 percent of family physicians providing routine deliveries.[xii]

Women living in rural areas have less access to health care and experience poorer health outcomes than women living in urban areas—a trend exacerbated by physician shortages, the rapid rate of rural hospital closures, and shuttering of obstetric units. Further, the CDC suggests that rural Americans may be at higher risk of severe illness from COVID-19.[xiii] Although national data on women's health and outcomes according to residence are limited, inequities experienced by women living in rural areas are apparent. General health conditions and behavior that women living in rural areas experience at higher rates than their urban counterparts include self-reported fair or poor health status, unintentional injury and motor vehicle-related deaths, cerebrovascular disease deaths, suicide, cigarette smoking, obesity, and incidence of cervical cancer.[xiv] Notably, eight percent of the rural population is made up of Black Americans, and of the 5.2 million people who identify as Indigenous, 40 percent live in rural areas on and off tribal lands.[xv,xvi] In addition, a recent study confirmed the urban-rural disparity in maternal mortality, finding that the pregnancy-related mortality ratio increased with rurality.[xvii]

Increase Access to Telehealth Services

While there is not one singular solution to the maternal mortality crisis, addressing the shortage of women's health clinicians in rural areas is critical, and telehealth presents a significant opportunity to address eroding access to obstetric care. ACOG supports telehealth as a tool to address the United States' high rate of maternal mortality, given the ability to facilitate increased access to prenatal and postpartum care through virtual services. The use of telehealth can help bridge the access gap, connecting patients to care in rural areas that lack an obstetrician-gynecologist. In fact, evidence collected prior to the COVID-19 pandemic suggests that telehealth provides comparable health outcomes when compared with traditional methods of health care delivery without compromising the patient-physician relationship.[xviii]

Increasing the availability of broadband and telehealth can also improve access to behavioral health services for obstetric patients with depression, substance use disorder, and other mental health conditions. Further, telehealth could be utilized to improve visit attendance for individuals who face transportation, childcare, and other barriers to attending in-person visits, especially for those with risk factors who may require more frequent visits; and improve identification of risk factors for adverse health outcomes.

During the COVID-19 pandemic, telehealth has proven its value and served as an important tool used by obstetrician-gynecologists and other medical professionals to improve access to timely, evidence-based health care for patients. However, patients without access to broadband face barriers to accessing this care, hindering the flexibility and benefit that increased use of telehealth has provided to clinicians and their patients. As we seek to improve access to telemedicine for our patients, it is critical that the Subcommittee take action to help ensure resources are directed where they are needed most to improve access to care, including broadband.

Continued investments should be made in programs that expand access to health care, including obstetric care, in rural areas by improving access to telehealth.

Advance the Data Mapping to Save Moms' Lives Act

Therefore, ACOG is pleased to endorse the bipartisan H.R. 1218, the Data Mapping to Save Moms' Lives Act, sponsored by Representatives G. K. Butterfield (D-NC), Gul Bilirakis (R-FL), and Lisa Blunt Rochester (D-DE). This bill would direct the Federal Communications Commission to utilize its

broadband health mapping tool to identify areas where high rates of poor maternal health outcomes, as reported by the CDC, overlap with limited-to-no access to broadband services. Enactment of this critical legislation would help us target needed investments to expand broadband connectivity and increase access to maternal health services, including telehealth for pregnant and postpartum individuals.

Additionally, the COVID-19 public health emergency has amplified the need for this legislation. As stated above, in an effort to minimize patients' exposure while continuing to provide needed care, the use of telemedicine has increased rapidly, including in obstetrics and gynecology. However, without adequate access to broadband, patients are unable to benefit from this valuable technology. **ACOG urges the Subcommittee to swiftly advance H.R. 1218, the Data Mapping to Save Moms' Lives Act, in furtherance of the Energy & Commerce Committee's strong commitment to prioritize and improve maternal health outcomes.**

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Thank you again for the opportunity to provide evidence, data, and medical expertise in support of the Data Mapping to Save Moms' Lives Act as the Subcommittee examines policies to strengthen and expand broadband connectivity and Congress continues to develop and advance evidence-based solutions to the maternal mortality crisis. We appreciate your commitment to improving maternal health outcomes through increased access to broadband and look forward to working with you and serving as a resource to the Subcommittee as your work continues in this space.

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